

<b>Case Number:</b>	CM14-0155089		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	03/02/2015	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Chiropractor, Oriental Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old male who reported headaches and neck pain from injury sustained on 06/05/13 after was involved in rear end motor vehicle accident. Patient is diagnosed with cervical myalgia, cervical myospasm, and cervical radiculitis. MRI of the cervical spine revealed multi-level loss of disc space; minor 1-2mm disc annulus bulge, slightly indenting the thecal sac at C6-7. Patient has been treated with medication, physical therapy, and chiropractic. Per medical notes dated 08/26/14, since the last examination patient feels the same and complains of right sided headaches rated at 8-10/10; upper back pain rated 8/10 and neck pain. He reports that the pain is associated with swelling in the back of the neck. He is continuing his treatment with chiropractic which has helped him but caused headaches. Examination revealed range of motion of the cervical spine within normal limits with mild tenderness to palpation over the right upper trapezius. Provider requested additional 6 chiropractic sessions for cervical spine which were non-certified by the utilization review dated 09/02/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Chiropractic treatment for the cervical spine-6 visits (2x/week x 3 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions for cervical spine which were non-certified by the utilization review dated 09/02/14. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.